510(k) Summary

JUN 1 6 2014

ArthroCare® Corporation NasaStent™

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

General Information

Submitter Name:

ArthroCare Corporation

Address

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Austin, TX 78735

Contact Person:

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Date Prepared:

April 15, 2014

Device Name

Proprietary Name:

ArthroCare® NasaStent™ CMC Nasal Dressing

Common Name:

NasaStent

Classification Name:

Intranasal splint

Device Class:

Class I

Product Code:

LYA

CFR Section:

21 CFR 874.4780

Predicate Devices

CogENT Nasal/Epistaxis Pack

K113585 (April 25, 2012)

Polyganics NasoPore® Nasal Dressing, Model NDOX-YYY/ZZ

K052099 (November 21, 2005)

Hemostasis NexPak Intranasal Splint

Class I, Exempt

Description

NasaStent is a dissolvable polysaccharide intranasal splint made from plant-based CarboxyMethyl Cellulose (CMC). As it absorbs nasal fluids, it turns into a hydrocolloidal gel that naturally drains from the nasal cavity within several days.

Intended Use/Indications For Use

The ArthroCare NasaStent is intended to minimize bleeding and edema and to prevent adhesions between the septum and the nasal cavity. It is placed in the nasal cavity after surgery or trauma. NasaStent is constructed from absorbent CarboxyMethyl Cellulose (CMC) material.

Summary of the technological characteristics of the device compared to the predicate device

NasaStent shares the same indications for use, device operation, overall technical and functional capabilities, and therefore is substantially equivalent to the predicate devices for use as a space-occupying stent/packing for nasal/sinus use. Additionally, comparative performance test data demonstrated adequate device performance.

Performance Data - Summary of Non-Clinical Testing

The ArthroCare NasaStent was evaluated under a number of bench studies to assure safety, efficacy, conformance to design specifications and equivalence to the predicate devices. The following tests were conducted:

- Biocompatibility testing according to ISO 10993-1
- Packaging validation
- Equivalency testing with respect to resiliency, hygroscopic characteristics and form retention No clinical tests were necessary.

Summary

All testing conducted demonstrates that the ArthroCare NasaStent performs as intended when used in accordance with its labeling. NasaStent is substantially equivalent to the predicate CogENT, NexPak, and Nasopore nasal splints in terms of design, principle of operation, and indications for use and raises no new questions of safety or effectiveness.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

June 16, 2014

ArthroCare Corporation
Mr. Mitchell Dhority
Vice President, Regulatory Affairs
7000 West William Cannon Drive
Austin, TX 78735

Re: K140992

Trade/Device Name: ArthroCare[®] NasaStent™ CMC Nasal Dressing

Regulation Number: 21 CFR 874.4780 Regulation Name: Intranasal splint

Regulatory Class: Class I Product Code: LYA Dated: April 15, 2014 Received: April 17, 2014

Dear Mr. Dhority:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Eric A. Mann -S

for Malvina B. Eydelman, M.D.
Director
Division of Ophthalmic and Ear,
Nose and Throat Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

10(k) Number <i>(if known)</i> 1140992	
Device Name ArthroCare® NasaStent™	
ndications for Use (Describe) The ArthroCare NasaStent is intended to minimize bleeding and the nasal cavity. It is placed in the nasal cavity after surgery or CarboxyMethyl Cellulose (CMC) material.	
Type of Use (Select one or both, as applicable)	•
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON A SEPARATE PAGE IF NEEDED.	
FOR FDA U	
Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)
sunny.park@fda.hhs.gov	
2014.06.12 20:33:42 -04'00'	

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